

United States of America

Exhibit 1

E-1574, TCSES 294971
S-3438, TCSES 1214099
H-2736, TCSES 1011625

DEPARTMENT OF STATE

To all to whom these presents shall come, Greetings:

I Certify That the document hereunto annexed is under the Seal of the State(s) of Tennessee, and that such Seal(s) is/are entitled to full faith and credit.*

**For the contents of the annexed document, the Department assumes no responsibility
This certificate is not valid if it is removed or altered in any way whatsoever*

True Copy

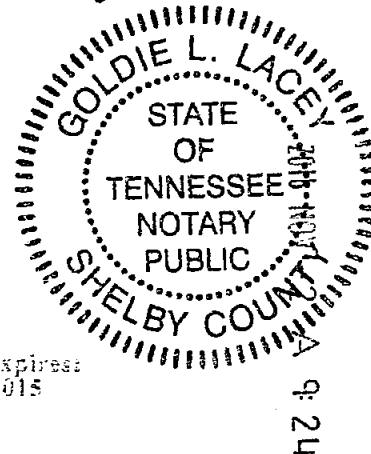
For Administrative Use Only

Exhibit 1

Goldie L. Lacey

True Copy

My Commission Expires
December 15, 2015



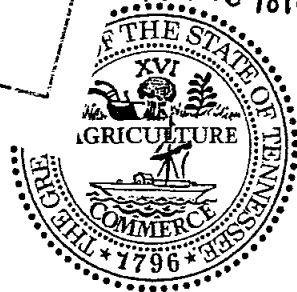
In testimony whereof, I, John F. Kerry, Secretary of State have caused the seal of the Department of State to be affixed and my name subscribed by the Assistant Authentication Officer, of the said Department, at the city of Washington, in the District of Columbia, this sixth day of October, 2014.

Issued pursuant to CHXIV State of
Sept. 15, 1789, 1 Stat. 68-69, 22
USC 2657; 22 USC 2651a; 5 USC
301; 28 USC 1733 et. seq.; 8 USC
1443(f); RULE 44 Federal Rules of
Civil Procedure.

By

Secretary of State

Assistant Authentication Officer,
Department of State



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CERTIFICATE OF AUTHENTICATION

I, TRE HARGETT, Secretary of State of the State of Tennessee, do hereby certify that TERESA S. HENDRICKS is (or was) the State Registrar for the State of Tennessee and the person authorized to certify BIRTH CERTIFICATES in the State. I further certify that to the best of my knowledge, information and belief, the signature to the attached BIRTH CERTIFICATE is the true and genuine signature of the said TERESA S. HENDRICKS, State Registrar for the State of Tennessee at the time of signing.

In Witness Whereof, I have hereto affixed my signature and the Great Seal of the State of Tennessee, at Nashville, this 26th day of August in the year of our Lord Two Thousand Fourteen.



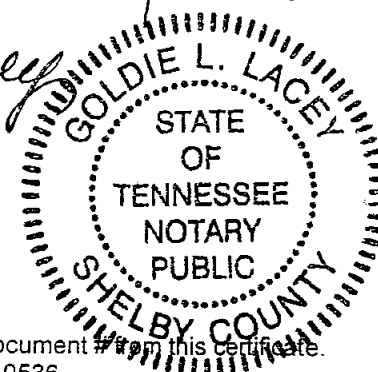
Tre Hargett
Secretary of State

by

Anne Hackney - POA

Goldie L. Lacey
True Copy

My Commission Expires:
December 15, 2015



Document # 14-08891

To verify authenticity, visit <http://tnbear.tn.gov/apostille/verify.aspx> and enter the document # from this certificate. For further information please contact the Business Services Division at (615) 741-0536.

E-1574-294971
 53438 1214099
 H-2736, 1011625

Docket # 1618717

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF PUBLIC HEALTH - STATE OF TENNESSEE - DIVISION OF VITAL STATISTICS

1. NAME OF CHILD		Anthony Decarlo Hayes		No. 141- 4241	
2. SEX	3A. THIS BIRTH	3B. IF TWIN OR TRIPLET, THIS CHILD BORN		4. DATE OF BIRTH	
Male	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		- 64	
5. PLACE OF BIRTH		6. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)			
A. COUNTY Shelby		B. CIVIL DISTRICT			
C. CITY OR TOWN Memphis		D. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
E. NAME OF (IF NOT IN HOSPITAL, GIVE STREET ADDRESS OR LOCATION) HOSPITAL		F. STREET ADDRESS (OR LOCATION)			
JOHN GASTON HOSPITAL		1446 Lyceum			
7. FULL NAME		FATHER OF CHILD		8. COLOR OR RACE	
FIRST MIDDLE LAST		FIRST MIDDLE LAST		Negro	
Earnest Ray Hayes					
9. AGE (At time of this birth)		10. BIRTHPLACE (State or Foreign Country)		11A. USUAL OCCUPATION	
22 YEARS		Tenn		Laborer	
				11B. KIND OF BUSINESS OR INDUSTRY	
				Railroad	
12. FULL MAIDEN NAME		MOTHER OF CHILD		13. COLOR OR RACE	
FIRST MIDDLE LAST		FIRST MIDDLE LAST		Negro	
Zola Erma Shipp					
14. AGE (At time of this birth)		15. BIRTHPLACE (State or Foreign Country)		16A. USUAL OCCUPATION	
22 YEARS		Tenn		Wife	
17. PREVIOUS DELIVERIES TO THIS MOTHER (DO NOT INCLUDE THIS CHILD)		A. HOW MANY OTHER CHILDREN ARE NOW LIVING?		B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?	
		1		0	
18. MOTHER'S MAILING ADDRESS		C. HOW MANY FETAL DEATHS? (BORN DEAD AFTER 20 WEEKS OF PREGNANCY)			
1446 Lyceum Memphis Tennessee		0			
19. SIGNATURE		A. I HEREBY CERTIFY THAT THIS CHILD WAS BORN ALIVE ON DATE STATED ABOVE			
NAME		B. ADDRESS			
William N. Richardson		JOHN GASTON HOSPITAL			
B. ADDRESS		C. DATE SIGNED			
		APR 9 1964			
20A. REGISTRATION DISTRICT NO.		20B. DATE RECEIVED BY LOCAL REGISTRAR		20C. REGISTRAR'S SIGNATURE	
791		APR 13 1964		by Lm Graves Deputy	

5063568

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq. Vital Records Act of 1977

Doris Carter
 Local Registrar
 Shelby County

FEB 14 2012

Date Issued

Teresa S. Hendricks
 STATE REGISTRAR

CERTIFICATION OF VITAL RECORD

Affidavit of Ownership

DUCKETT 1011011 /
E-1574, 294471
S-3438, 1214099
H-2736, 1011625

I affirm that the following statement is the truth, the whole truth and nothing but the truth.

That I am familiar with the facts recited, stating that the party named in said birth certificate is the same party as one of the owners named in said certificate of title. That the party named in said birth certificate is the said **registered owner** as having attained the age of the majority at a date 18 years after the date of birth shown by said certificate.

In Good Faith, Truth and Honor,

I Am: hayes, anthony 29th Day of August, 2015
hayes, anthony Authorized Representative, Creditor Heir
All Rights Reserved: U.C.C. 1-308/1-207; U.C.C. 1-103

State of Tennessee

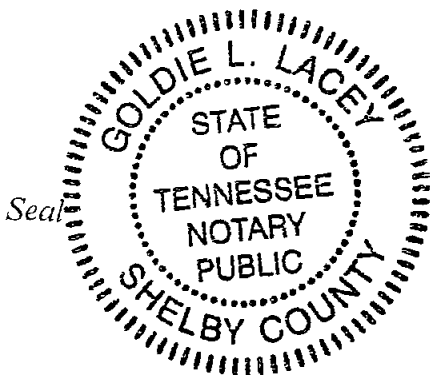
County of Shelby

Scilicet

On this 29th day of August, in the year Two Thousand and Fifteen, before me the undersigned officer, personally appeared hayes, anthony, of 4554 Tammy Cove, Memphis, Tennessee 38116 the Authorized representative and Beneficiary of the Trust, known to me (or satisfactorily proven) to be the woman whose appellation is subscribed to the within instrument, Affirmation of Ownership, and acknowledged that she executed the same for the purposes therein contained;

In witness whereof, I hereunto set my hand and official seal,

Goldie L. Lacey
Notary Public



My Commission Expires:
December 15, 2015